## Pennsylvania Department of Health

			(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 04/12/2023		
NAME OF PROVIDER OR SUPPLIER: MAHONING VALLEY AMBULATORY SURGERY CENTER, INC.			STREET ADDRESS, CITY, STATE, ZIP CODE: 37 MEDICAL CROSSING ROAD TAMAQUA, PA 18252				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE  (X5) COMPLETE DATE		COMPLETE	
This report is the result of an occupancy survey conducted on April 12, 2023, at Mahoning Valley Ambulatory Surgery Center, which included the new service of Goniotomy. Based on the occupancy survey, it was determined the facility was in compliance with all applicable requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.			S 0000				
DIRECTOR'S OR PROVIDER/SUPPLI	IER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:		
	This report is the resul conducted on April 12 Ambulatory Surgery C service of Goniotomy. survey, it was determine compliance with all ap Pennsylvania Departm Regulations for Ambulatory Surgery C service of Goniotomy. Survey, it was determined to the compliance with all ap Pennsylvania Departm Regulations for Ambulatory Survey. A, Title 28, Part IV, Suppose 551-573, November 19	This report is the result of an occupancy su conducted on April 12, 2023, at Mahoning Ambulatory Surgery Center, which include service of Goniotomy. Based on the occup survey, it was determined the facility was it compliance with all applicable requiremen Pennsylvania Department of Health's Rule Regulations for Ambulatory Care Facilities. A, Title 28, Part IV, Subparts A and F, Cha 551-573, November 1999.	WIDER OR SUPPLIER: NG VALLEY AMBULATORY SURGERY INC.  SE NUMBER: 12821500  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENT  This report is the result of an occupancy survey conducted on April 12, 2023, at Mahoning Valley Ambulatory Surgery Center, which included the new service of Goniotomy. Based on the occupancy survey, it was determined the facility was in compliance with all applicable requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters	IDENTIFICATION NUMBER: 39C0001124  STREET ADDRESS, CITY, STATE, Z. 37 MEDICAL CROSSING TAMAQUA, PA 18252  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENT  This report is the result of an occupancy survey conducted on April 12, 2023, at Mahoning Valley Ambulatory Surgery Center, which included the new service of Goniotomy. Based on the occupancy survey, it was determined the facility was in compliance with all applicable requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.	A BLDG	IDENTIFICATION NUMBER:  39C0001124  STREET ADDRESS, CITY, STATE, ZIP CODE. 37 MEDICAL CROSSING ROAD TAMAQUA, PA 18252  SENIMBER: 12821500  SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MOST DE PRECEDED BY PULL REGULATORY OR LSC. IDENTIFYING INFORMATION)  This report is the result of an occupancy survey conducted on April 12, 2023, at Mahoning Valley Ambulatory Surgery Center, which included the new service of Goniotomy. Based on the occupancy survey, it was determined the facility was in compliance with all applicable requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters  551-573, November 1999.	

State Form WKDX11 IF CONTINUATION SHEET Page 1 of 1



## **Certified End Page**

## MAHONING VALLEY AMBULATORY SURGERY CENTER, INC.

STATE LICENSE NUMBER: 12821500 SURVEY EXIT DATE: 04/12/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

## PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY